

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000298

1. Entity Name
GRAND BEACH PARTNERS, L.P. (LTD.)



FILED
03 MAY -5 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5933 W. CENTURY BLVD.
SUITE 210
LOS ANGELES CA 90045

Mailing Address
1781 PARK CENTER DRIVE
ORLANDO FL 32835



2. Principal Place of Business
3865 W CHEYENNE AVE
Suite, Apt. #, etc.

3. Mailing Address
3865 W CHEYENNE AVE
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
NORTH LAS VEGAS, NV
Zip
89032
Country

City & State
NORTH LAS VEGAS, NV
Zip
89032
Country

4. FEI Number 95-4499250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # GP9600000150
NAME ARGOSI/KGI GRAND BEACH INVESTMENTS PARTNER
STREET ADDRESS 1781 PARK CENTER DRIVE
CITY-ST-ZIP ORLANDO FL 32835

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3865 W. CHEYENNE AVE
CITY-ST-ZIP NORTH LAS VEGAS, NV 89032

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/25/03 (702) 84-8600

Date Daytime Phone #

CR2E003 (10/02)

000652 AT